

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
WIC VENDOR APPLICATION

ALL questions MUST be answered.

INCOMPLETE APPLICATIONS MAY BE RETURNED TO YOU

WIC Office Use Only
North _____ Central _____ SE _____
OAP _____ Unfilled Opening _____
Client Acc _____ Lim Exception _____
COO _____ COI _____ COL _____
Reviewed By _____
Recommended By _____

1. Owing Entity's name as it appears on page 2 (e.g. Sam's Store, Inc):

2. Store Name as it appears on the store sign and/or building:

3. Do you use any other names to advertise your store? If yes, list them:

4. Actual retail store address

Street _____

City _____

County _____ Zip Code _____

5. Mailing Address (if different from #4 above)

Street _____ City _____ Zip Code _____

6. Contact Information

(a) Contact Name:

Title:

(b) Store Phone Number

				-					-				

(c) Store Fax Number

				-					-				

(d) Store e-mail address:

@

7. Is the store a currently authorized WIC Vendor? Yes ☐ No ☐

If yes, please give your WIC Vendor Number: WIC #:

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8. Are you applying as a (Please check one):

- ☐ Grocer – MUST meet minimum inventory requirements on page 4 to be considered for authorization.
- ☐ Grocer w/Pharmacy – MUST meet minimum inventory requirements on page 4 to be considered for authorization.
- ☐ Pharmacy – authorized to sell infant formula ONLY; NOT required to meet minimum inventory requirements.

9. MDARD Retail Food Establishment License Number:

(NOTE: Please attach a copy of the License)

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10. You must participate in SNAP (Food Stamps) to be eligible for WIC authorization as a Grocer.

SNAP Authorization Number:

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If you do not know your SNAP number, you may call the SNAP Retailer Service Center at 1-877-823-4369

11. Federal Tax Identification Number:

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(If you are a currently authorized WIC vendor and your tax ID has changed, it may affect your authorization and/or your ability to process WIC transactions. If your tax ID number has changed, you MUST contact the WIC office immediately at (517) 335-8937.)

12. **PROOF OF OWNERSHIP:** You **MUST** attach proof of ownership or your application may be returned to you. If you have either a Liquor License (SDD) or Beer & Wine License (SDM), you must submit a copy as proof of ownership. If you do not have either an SDD or SDM License, see the list of acceptable proof of ownership documents following each ownership type.

IMPORTANT - The information shown on your proof of ownership documents **MUST** include the names you provided in number 1, 2, **AND** must match the ownership information you enter below.

13. **TYPE OF OWNERSHIP:** Complete only one section below:

COMPLETE ONLY ONE SECTION – DO NOT FILL IN MORE THAN ONE SECTION

For general information about the requirements for business ownership entities in Michigan visit:

http://www.michigan.gov/lara/0,4601,7-154-61343_35413---,00.html or
http://www.michigan.gov/business/0,4539,7-255-49232_49433-187194--,00.html

If you have questions about your type of ownership, consult with your attorney or business advisor.

A. CORPORATION (corp. , co. , inc. , or ltd.) - Complete this section **ONLY** if your store is incorporated.

*If your store is owned by a Corporation you MUST enclose: a copy of an **SDD or SDM License**, OR a copy of the **Articles of Incorporation** AND an **Assumed Name Certificate**.*

Corporation Name:
Corporation Address, City, State and Zip Code:
Corporation President's Name:
Corporation Vice-President's Name:
Corporate Secretary's Name:

B. LIMITED LIABILITY COMPANY (L.L.C. or L.C.) – Only complete this section if your store is owned by a Limited Liability Co. *If your store is owned by a Limited Liability Company you MUST enclose: a copy of an **SDD or SDM License**, OR a copy of the **Articles of Organization** AND an **Assumed Name Certificate**.*

Limited Liability Company Name:
First Member/Partner's Name:
Second Member/Partner's Name:
Business Address, City, State and Zip Code:

C. SOLE PROPRIETORSHIP – Only complete this section if your store is owned by 1 person and is NOT incorporated. (A corporation with a single stockholder is NOT a sole proprietorship.)

*If your store is owned by a Sole Proprietor you MUST enclose: a copy of an **SDD or SDM License**, OR a **County Assumed Name Certificate**.*

Owner's Name:	Telephone Number:
Address, City, State, and Zip Code:	

D. PARTNERSHIP – Only complete this section if your store is owned by 2 or more individuals that are partners and have a Partnership Agreement. (A corporation with two or more stockholders is NOT a partnership.)

*If your store is owned by a Partnership you MUST enclose: a copy of an **SDD or SDM License** OR a **Partnership Agreement** AND an **Assumed Name Certificate**.*

Partner's Name:
Partner's Name:
Partner's Name:
Business Address, City, State, and Zip Code:

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION MAY BE RETURNED.

14. (a) Number of square feet of retail space open to customers: _____
 (b) Number of square feet for food storage: _____
 (c) Number of cash registers/checkout lanes normally in use: _____
 (Provide an exact number. Do not give range. Do not include lottery machines)
15. Regular Store Hours: Weekdays _____ to _____ Sat. _____ to _____ Sun. _____ to _____
16. (a) **Annual** Gross Sales \$ _____ 12 month period of: _____ to _____
 (b) **Annual** Gross Food Sales \$ _____ 12 month period of: _____ to _____
☐ Check if estimate. Estimates for 16(a) and 16(b) are acceptable only if you have been open less than 1 year.
 (c) Do you expect more than 50% of your annual food sales will come from WIC sales? **YES** _____ **NO** _____

FOR QUESTIONS 17-22, USE ADDITIONAL PAGES IF NECESSARY

17. During the last six years, have any of the owners, officers, or managers been convicted of or had a civil judgment entered against them for: fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice?
 YES ☐ NO ☐ If yes, please provide details: _____
18. Has the current applicant or its officers, managers, or employees involved in operation of this location ever been disqualified from SNAP (Food Stamps) or the WIC Program?
 YES ☐ NO ☐ If yes, please provide details: _____
19. Has this location or applicant ever been assessed a Civil Money Penalty (CMP) by SNAP (Food Stamps) for hardship?
 YES ☐ NO ☐ If yes, please provide details: _____
20. Has the applicant or its officers, managers or employees involved in the operation of this location ever been withdrawn or denied authorization by SNAP (Food Stamps)?
 YES ☐ NO ☐ If yes, please provide details: _____
21. Do any employees of the local agency or the state department administering the WIC Program have an ownership or financial interest in the operation or management of this location?
 YES ☐ NO ☐ If yes, please provide details: _____
22. During the last six years, have any of the owners, officers, or managers been affiliated with another WIC authorized store and/or applied for WIC authorization at another location?
 YES ☐ NO ☐ If yes, please provide the requested information below. Additional pages may be attached.

Store Name	Store Address	Person's Name	Person's Title	Approx. Dates of Association

**** Chain Vendors must attach a separate page which contains the information requested in questions 1-11 and 14-16 for each outlet. This separate page may be provided in spread sheet form.****

SOURCE OF INFANT FORMULA

WIC Vendors must only purchase infant formula from wholesalers, distributors, and retailers licensed by the Michigan Department of Agriculture & Rural Development (MDARD) or from infant formula manufacturers registered with the Food and Drug Administration (FDA), per USDA approved WIC Vendor Contract Section IV, #4. If you do not currently have a contract with the Department, you may review a copy at www.michigan.gov/WIC under "WIC Vendors/Grocers".

Please provide a list the retailers, wholesalers, and/or manufacturers from whom you purchase infant formula. To assure compliance with the United States Department of Agriculture requirement, you may be asked to submit a copy of their MDARD license of your source of infant formula.

Additional MDARD license information is available at www.michigan.gov/MDARD.

Name of Retailer / Wholesaler / Manufacturer	Address	Formula Type / Variety Purchased	Have You Verified This Source is Licensed by MDARD or FDA? (Yes) / (NO)

DO YOU CURRENTLY HAVE IN STOCK THE REQUIRED QUANTITIES FOR ALL FOOD CATEGORIES LISTED BELOW? YES _____ NO _____

THIS QUESTION MUST BE ANSWERED. YOUR ANSWER MUST BE BASED ON THE INVENTORY CURRENTLY IN YOUR STORE, NOT WHAT YOU AGREE TO CARRY IF APPROVED.

See the WIC Food Guide to determine the specific WIC authorized brands, types and sizes.

A WIC VENDOR MUST HAVE, AT A MINIMUM, THE FOLLOWING FOOD ITEMS IN STOCK AT ALL TIMES:

CATEGORY	TYPE OR BRAND	QUANTITY
INFANT FORMULA	12.5 oz can powder Enfamil INFANT and/or 12.4 oz can powder Enfamil GENTLEASE. 13 oz can concentrate Enfamil Infant must be made available upon request	12 Cans total of powder
INFANT FRUITS & VEGETABLES	4 oz glass jar and/or 4 oz 2-pack plastic tub infant baby food (fruit or vegetable) – Must be Beech-Nut, Gerber, Meijer Baby or Tippy Toes. Any variety single fruit or vegetable Any variety mixed fruits and/or vegetables Not Authorized: Organic, additives or DHA. See WIC Food Guide for more information.	72 Units Total At least one variety of single or mixed fruits AND one variety of single or mixed vegetables Fruit and vegetables mixed in the same container do not count towards the minimum stock requirement.
INFANT CEREAL	Any brand. 8 oz box/container, dry infant cereal without fruit and/or formula or DHA/ARA.	6 boxes/containers
FRESH FRUITS & VEGETABLES	Any combination of fresh fruits and vegetables. Must carry at least 2 varieties of fruits and 2 varieties of vegetables.	\$25 Retail value OR 10 pounds. Vendors that prefer to only meet the 10 pound requirement must make equipment available to weigh fruits and vegetables.
MILK	Any brand of whole and low fat (1%, ½%), or fat free (skim). See food guide for types not allowed.	4 Gallons Whole Milk AND 8 Gallons Low Fat or Fat Free Milk
CHEESE	Any brand U.S. made real cheese. Must be pre-packaged in <u>16 oz sizes only</u> . No other sizes allowed. Must be labeled with type of cheese, weight and price.	5 Pounds
EGGS	Any brand and size of eggs listed in the WIC Food Guide. 1 dozen size only.	5 Dozen
CEREAL	At least 6 brands in approved sizes. At least 3 of the 6 brands must be whole grain. See Food Guide for approved brands.	12 Boxes
BREAD	Any combination of 16 oz (1 lb) loaves of whole grain bread and/or 16 oz (1 lb) packages of tortillas.	6 Total Loaves and/or Packages
JUICE	At least 2 flavors in 64 oz plastic bottles AND 2 flavors in 48 oz plastic, or 11.5 – 12 oz conc. See Food Guide for approved brands.	10 Bottles 64 oz AND 5 Plastic bottles 48 oz or 11.5-12 oz concentrate
PEANUT BUTTER	Any brand (smooth, creamy, crunchy, extra crunchy) 16-18 oz jar only. No specialty brands.	4 Jars

IF YOUR APPLICATION INDICATES THAT YOU DO NOT MEET MINIMUM STOCK REQUIREMENTS, IT MAY BE DENIED.

MICHIGAN WIC EBT INFORMATION

The Michigan WIC Program processes WIC transactions and reimburses its vendors through the use of the Michigan WIC Bridge Card. This process is done by electronic benefits transfer (EBT). Please provide the information requested below. The information you give **MUST** be accurate.

Please **circle** the picture that best describes the way that your store currently does or plans on doing WIC transactions. Please circle ONE image only.

A cash register and a separate POS device



If you circle this image, skip the bottom of this page and continue to the next page.

A cash register with built in EBT capabilities (integrated)



If you circle this image, please fill out the information below, then continue to the next page.

1. Where did or will your WIC integrated software come from? (Circle One)

Retalix

North Country

NCR/RDT

Great Lakes Data

Walmart

RDS St. Louis

BMC Retalix

IBM SurePOS Ace STCR

Spartan Stores

Other _____

2. Who processes or will process your WIC reimbursements? (Circle One)

Vantiv

First Data

World Pay

Other _____

Optional Explanation: _____

WIC Vendor Selection Criteria: Appendix A, Section B

In order to be eligible for consideration an applicant must meet the following requirements:

1. Availability of mandatory minimum stock of specified items with the exception of special infant formulas and the availability of all categories of WIC supplemental foods.
2. Variety of available WIC authorized foods and accessibility of a store to WIC participants.
3. Competitive prices as determined by the Department.

As a guide, the Department uses the peer group average price of foods as competitive price. In addition, prices for food categories may be compared among vendors serving the same geographic area. The Department may, at its discretion, allow some variation above the peer group average as the competitive price.

4. Vendors must have a current valid license issued by the Michigan Department of Agriculture, except in the case of "formula only" pharmacies. Vendors must only purchase infant formula from wholesalers, distributors, and retailers licensed by the Michigan Department of Agriculture or from infant formula manufacturers registered with the Food and Drug Administration.
5. A WIC vendor must be authorized to accept and redeem food stamp benefits and provide documented proof of participation in the Food Stamp Program. A WIC vendor must be in good standing with the USDA Food and Nutrition Service.
6. Lack of any conflict of interest between the vendor and the local agency or the Department as defined by applicable State laws, regulations and policies.
7. Low volume of WIC transactions. A vendor that transacts less than \$2,400 per quarter of WIC EBT transactions will be considered as low volume of WIC transactions and will be treated as lack of demand for a particular store. New vendors will be evaluated after three (3) months of WIC authorization, and will receive a warning if not in compliance with this requirement. If not in compliance with the requirement following a six (6) month evaluation [that is 3 months after receiving the warning], the vendor will be terminated and disqualified.
8. Unless denying authorization of a vendor applicant would result in inadequate participant access the Department will not authorize a vendor applicant if during the past six years the vendor applicant or any of the vendor applicant's current owners, officers, or managers have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity. Activities indicating a lack of business integrity include but are not limited to fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
9. Compliance history with WIC program policies, rules and regulations as applicable and compliance with any prior contract with the Department. In the case of stores owned jointly or by corporations, the Department may evaluate past performance of one or more of the same partners, shareholders, directors or officers at other locations.

10. Review and determination by the Department as to whether the store was sold by its previous owner in an attempt to circumvent a WIC sanction. The Department will consider such factors as to whether the store was sold to a relative by blood or marriage of the previous owner(s) or sold to an individual or organization for less than its fair market value. The Department may also consider other factors in making its determination.
11. Compliance with the price limitations in the amount the Department pays vendors for WIC food instruments.
12. A vendor's total WIC sales for any annual period cannot exceed 50% of the vendor's total annual food sales.
13. A vendor must be a full-line grocery store. A full-line grocery store is defined as:

A store that stocks, and has on hand at all times: In addition to WIC Minimum Stock requirements (Appendix G): (1) at least 1 additional variety of bread or tortillas with 6 or more units of said variety; (2) at least 1 additional variety of brown rice with 6 or more units of said variety; (3) at least 4 varieties of fresh fruits with 5 or more units of each variety; (4) at least 4 varieties of fresh vegetables with 5 or more units of each variety; and (5) at least 4 varieties of fresh meat, poultry or fish with 5 or more units of each variety.

Do you completely meet each of the above Selection Criteria? Check One YES ☐ NO ☐

The information you provide will be verified during a pre-authorization site visit and future monitoring visits. If you do not comply, it may result in corresponding negative action.

Application continue on page 9

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

False statements will be referred to USDA, Michigan Liquor Control, Lottery, Treasury, and Attorney General Offices and other appropriate Federal and State Agencies.

If this application is incomplete or not submitted by the due date, it will not be considered. The due date is indicated in the letter that accompanied this application.

I understand that this application is only a request for a WIC vendor contract and does not constitute a contract or application for a license. I also understand that this application does not guarantee selection nor authorization to participate in the WIC Program, and that information listed herein will be verified by the Michigan Department of Health and Human Services during an on-site visit or by other means. The Department may also request purchase records, invoices or receipts to substantiate price or inventory information contained in this application. If the WIC Program is unable to verify the information contained in this application is correct and accurate, or it is found to be false, the applicant may be refused consideration.

In the event that this application is approved, and a contract is executed, I understand that I will be bound by all rules, regulations and requirements of the WIC Program, USDA-FNS, in addition to the terms and conditions of the WIC vendor contract.

I certify that the information contained in this application is true and correct to the best of my knowledge and belief. I understand that any false statements may be grounds for denial of this or any future applications or may result in the termination or termination and disqualification of the WIC vendor contract. To the extent there are any material changes in the information that I have provided in this application (except for price information on pages 5-14), I will immediately advise the WIC Program of these changes in writing. I further certify that I am authorized to sign the application on behalf of the owner(s) of the store.

Print Your Name

Print Your Title

Signature

Date

MAIL COMPLETED APPLICATION TO:

**Michigan Department of Health and Human Services
Lewis Cass Building – 6th Floor
WIC Vendor Relations Unit
320 S. Walnut
Lansing, MI 48913**

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov.

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